REAL ESTATE APPRAISERS COMMISSION P.O. BOX 1335, 3605 MISSOURI BLVD. JEFFERSON CITY, MISSOURI 65102 pr.mo.gov/appraisers

GENERAL INSTRUCTIONS

Type or print legibly with black ink only. The application must be completed in its entirety. If an area is not applicable please indicate as "N/A". Incomplete applications will be returned to the applicant. All signature areas must contain an **original** signature (copies of signatures are not acceptable). Proof of having been fingerprinted should be submitted with application. Proof that trainee and supervisor have attended an approved course pursuant to 20 CSR 2245-3.105.4(a) must accompany this application. NO FEE REQUIRED

| PART I — APPLICANT'S APPLYING STATUS CHECK THE ONE BOX THAT BEST DESCRIBES YOUR APPLYING | G STATUS | | |
|--|----------------------|--|----------|
| ☐ This is the first time I have made application for this | ☐ My applica | ation for this profession had previously | |
| profession in Missouri. I have previously made application for this profession in | | Missouri. I am reapplying since I have trequirements. | ulfilled |
| Missouri; however, my previous application expired and I am now reapplying. | ☐ Other: | | |
| ☐ I am currently a Missouri Licensed/Certified Appraiser (Lic. #) and am now applying for a higher appraiser category. | | | |
| PART II — APPLICATION CATEGORY | | | |
| CHECK ONE BOX IN AREA 1 | C METHODS OF I | OFNICURE AND ADDRODDIATE FFEC.) | |
| (SEE INSTRUCTIONS PERTAINING TO APPRAISER CATEGORIES 1. APPLICATION CATEGORY | S, WETHODS OF L | CENSURE AND APPROPRIATE FEES.) | |
| · · | | roved qualifying education are required t | |
| Cartitled Recidential Appraiser | | (15 hour USPAP, 30 hour Basic Applic Appraisal Procedures) | aisal |
| Certified General Appraiser | | | |
| PART III — APPLICANT IDENTIFYING INFORMATION | | | |
| 1. APPLICANT NAME (LAST, FIRST, M.I.) MR. MRS. MS. | | 2. SOCIAL SECURITY NUMBER* (see below and attachment) | |
| 3. LIST ANY NAMES OTHER THAN ABOVE UNDER WHICH SUPPORTING DOCUME | NTS WILL BE SUBMITTE | D 4. DATE OF BIRTH 5. | AGE |
| 6. HOME ADDRESS (STREET, CITY, STATE, ZIP CODE) | | 7. COUNTY | |
| 8. BUSINESS NAME | | | |
| 9. BUSINESS ADDRESS | | 10. COUNTY | |
| 11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED | 12. TELEPHONE NUM | BER | |
| WORK HOME | | | |
| | HOME | | |
| 13. E-MAIL ADDRESS | HOME | | |

checks and to verify all information provided in the application; and c) to the Division of Child Support Enforcement of the Department of Social Services (see attachment). Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

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record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history

PART IV - RECORD OF LICENSING INFORMATION

If you have ever been licensed/certified to practice Real Estate Appraisal in Missouri or any other jurisdiction you must complete the information requested below. This also applies to temporary, trainee, and apprenticeship licenses or permits. Failure to disclose all (active, nonactive or expired) licenses, certifications and/or permits may result in the denial of your application for licensure/certification. If Part V is not applicable, please indicate below as "N/A."

| STATE | PROFESSION NAME | LICENSE NUMBER | DATE OF ISSUANCE | LICENSE STATUS (ACTIVE, LAPSED, ETC.) |
|---|-----------------|----------------|------------------|---------------------------------------|
| STATE OF ORIGINAL LICENSURE/ CERTIFICATION | | | | |
| | | | | |
| STATE OF CURRENT LICENSURE/ CERTIFICATION WHERE YOU MOST RECENTLY HAVE BEEN PRACTICING. | | | | |
| OTHER STATES OF LICENSURE/CERTIFICATION | | | | |
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| (IE ADDITIONAL SPACE IS NEEDED ATTACH A SEDARATE SHEET.) | | | | |

(IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.)

PART V — RECORD OF EXAMINATION

If you have ever taken a certification or licensure examination in Missouri or any other state, for the appraisal profession, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action. If Part VI is not applicable, please indicate below as N/A.

| NAME OF EXAMINATION | STATE | MONTH/YEAR | EXAM RESULTS (PASSED, FAILED, ABSENT) |
|---------------------|-------|------------|---------------------------------------|
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(IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.)

| PART VI — PERSONAL HISTORY INFORMATION | | |
|--|-----|----|
| THIS PART MUST BE COMPLETED BY ALL APPLICANTS | YES | NO |
| 1. Has applicant ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, whether or not sentence was imposed? If yes, explain fully. | | |
| 2. Do you now, or have you within the past five (5) years, suffered from, been diagnosed as having, or been treated for any disease or condition that would interfere with your ability to perform the essential functions of your profession which is generally regarded by the medical community as chronic? If yes, attach detailed statement, including an explanation regarding whether or not you are currently under treatment. | | |
| 3. Have you been denied a professional license, certification, or permit, or privilege of taking an examination, or had a professional license, certification, or permit disciplined in any way by any licensing authority in Missouri or elsewhere? If yes, attach a detailed explanation. | | |
| 4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation. | | |
| 5. Are you a U.S. citizen OR a lawfully admitted alien of the United States? | | |

PART VII — CERTIFYING STATEMENT

- 1. I agree to comply with the provisions set forth in the Missouri Statutes, rules and regulations governing real estate appraisers.
- 2. I authorize the Missouri Real Estate Appraisers Commission to interview the employees of companies, institutions, or organizations listed for my education, experience, or testing experience and to inspect my office appraisal files to verify information given on my application.
- 3. If an appraisal license/certificate is issued to me in error, I agree to return the license/certificate upon request after being given appropriate due process.

The foregoing statements are made for the purpose of procuring a Missouri Real Estate Appraisers License/Certification and I hereby consent that these statements may be used as evidence by the Commission, or in any court in Missouri where a violation of the Law is claimed, and that the application and representations made by me in order to procure a Real Estate Appraiser License/Certification, and the statements herein made may at any time be used in evidence.

I further agree to comply with the standards set forth in the Missouri Statutes, Missouri Real Estate Appraisers rules and regulations, and the Uniform Standards of Professional Appraisal Practice, and fully understand the types of misconduct for which disciplinary proceedings may be initiated against me as a state licensed/certified real estate appraiser.

| MUST BE SIGNED IN | APPLICANT SIGNATURE | | | |
|---|---------------------------------------|--------------------------|---------------------------------------|--|
| PRESENCE OF NOTARY | • | | | |
| NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP SEAL | | | COUNTY (OR CITY OF ST. LOUIS) | |
| SUBSCRIBED AND SWORN BEFORE ME, THIS | | | | |
| | (DAY, MONTH, YEAR) | | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | | |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | |

SPECIAL NEEDS: If you have special needs addressed by the Americans with Disabilities Act, you must notify this office to insure that reasonable accommodations are made for your needs. Notification must be in writing and mailed to the Missouri Real Estate Appraisers Commission, P.O. Box 1335, 3605 Missouri Boulevard, Jefferson City, Missouri 65102. Notification of special needs must be received by the Commission at a reasonable time in advance of the date on which the accommodation for special needs is required.

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| Complete Work History for the last five (F) years Include | la all work avpariance and as | account for online time period | |
|--|--|--------------------------------|--|
| Complete Work History for the last five (5) years. Include You are authorized to photocopy this form if additional s | | count for entire time period. | |
| NAME (LAST, FIRST, MIDDLE) | 2. DATE OF BIRTH | | |
| , | , , , | | |
| | MONTH DAY YEAR | | |
| 3. SOCIAL SECURITY NUMBER* | 4. ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
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| 5. MAIDEN OR GIVEN SURNAME | 6. CHECK HERE IF YOU HAVE | 8. DATE FORM COMPLETED | |
| o. White Elvery and the time | NEVER BEEN EMPLOYED | o. Brite i orimi oomi ee reb | |
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| 8. RECORD WORK HISTORY CHRONOLOGICALLY - COMPLETE | WORK HISTORY BEGINNING W | ITH PRESENT EMPLOYMENT | |
| A. NAME OF BUSINESS/INSTITUTION | JOB TITLE | | |
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| B. NAME OF BUSINESS/INSTITUTION | JOB TITLE | | |
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| ADDRESS (STREET, CITY, STATE, ZIP CODE) | DESCRIPTION OF DUTIES PERFORMED | | |
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| C. NAME OF BUSINESS/INSTITUTION | JOB TITLE | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | DESCRIPTION OF DUTIES PERFORMED | | |
| 7.551.256 (6.11.2.1, 6.11.1, 6.11.1.2) | | | |
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| SUPERVISOR NAME | | | |
| DATE OF EMPLOYMENT/ATTENDANCE | - | | |
| DATE OF EMPLOYMENT/ATTENDANCE | | | |
| FROM / / TO / | | | |
| FROM// / TO / / | | | |

*You must provide your social security number pursuant to state law. Your social security number may be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; and c) to the Division of Child Support Enforcement of the Department of Social Services (see attachment). Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

REAL ESTATE APPRAISERS COMMISSION P.O. BOX 1335, 3605 MISSOURI BLVD. JEFFERSON CITY, MISSOURI 65102

STATEMENT OF SUPERVISOR

I hereby certify that I am a state certified residential or state certified general appraiser meeting the required qualifications for a supervisory appraiser as promulgated by the Missouri Real Estate Appraisers Commission in 20 CSR 2245-3.005 (on reverse side). I agree to supervise the appraiser trainee named on this form. I understand that I am responsible for the training, guidance and direct supervision of the trainee registrant as outlined in 20 CSR 2245-3.005. In addition, I realize that I can not supervise more than three (3) trainee registrants at one time. I further understand that I am to notify the Commission within ten (10) days of the termination of the supervisory relationship. I have not been subject to any disciplinary action within any jurisdiction within the last three (3) years that affects

| the Supervisory Appraiser's | egal eligibility to engage in ap | oraisal practice. | | |
|--|---------------------------------------|--------------------------------|-----------------|-----------------------------------|
| SUPERVISING APPRAISERS NAME (| TYPED OR PRINTED) | | | |
| SUPERVISING APPRAISERS CERTIF | CATE NUMBER | | | |
| SUPERVISING APPRAISERS SIGNATURE | | | | DATE |
| STATEMENT OF TRAINEE A | PPRAISER | | | |
| | | | | that I am required to maintain an |
| appraisal log recording infor | mation regarding all appraisal | activities. I have read and ar | m familiar with | the provisions of 20 CSR 2245- |
| | on RRINTED | | | Tallo capolitically rotationally |
| TRAINEE APPRAISERS NAME (TYPE | OR PRINTED) | | | |
| TRAINEE'S SIGNATURE | | | | DATE |
| NOTARY INFORMATION | | | | |
| NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL | STATE SUBSCRIBED AND SWORN BEFORE ME, | TUIC | COUNTY (OR CI | TY OF ST. LOUIS) |
| | DAY OF | YEAR | LICE DURBE | ER STAMP IN CLEAR AREA BELOW. |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | USE NOBBI | EN STAWF IN CLEAN AREA BELOW. |
| | NOTARY PUBLIC NAME (TYPED OR PRIN | TED) | | |
| MO 375-0610 (6-16) | | | | INICEDT - WORK HISTORY |

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND

PROFESSIONAL REGISTRATION

Division 2245—Real Estate Appraisers

Chapter 3—Applications for Certification and Licensure

20 CSR 2245-3.005 Trainee Real Estate Appraiser Registration

PURPOSE: This rule prescribes the process for an individual to register as a trainee real estate appraiser and the rules governing the practice of real estate appraising by a trainee real estate appraiser.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

- (1) For purposes of this rule, "registrant" shall mean a "trainee real estate appraiser" and "registration" shall mean the registration with the commission of a "trainee real estate appraiser."
- (2) An applicant for licensure or certification shall only receive credit for appraisal experience earned after the applicant has registered as a trainee real estate appraiser with the commission.
- (3) A person may register as a trainee real estate appraiser by submitting the following to the commission:
 - (A) An application on a form prescribed by the commission, including, but not limited to, the name and license number of each certified appraiser under which the registrant will provide appraisal services;
 - (B) An affidavit signed by each supervising appraiser acknowledging the supervisory relationship on a form prescribed by the commission; and
 - (C) The prescribed fee.
- (4) No real estate appraisal experience is required as a prerequisite for registration.
- (5) Training.
 - (A) The registrant shall be subject to direct supervision by a supervising appraiser(s) in good standing, who shall be state-certified.
 - (B) The supervising appraiser(s) shall be responsible for the training, guidance, and direct supervision of the registrant by:
 - 1. Accepting responsibility for the appraisal report by signing and certifying that the report complies with the Uniform Standards of Professional Appraisal Practice, (USPAP) 2006 Edition. The USPAP, 2006 Edition, is incorporated herein by reference and can be obtained from The Appraisal Foundation, 1155 15th Street NW, Suite 1111, Washington, DC 20005, by calling (202) 347-7722 or at www.appraisal foundation. org.
 - 2. Reviewing and signing the appraisal report(s) for which the registrant has provided appraisal services; and
 - 3. Personally inspecting each appraised property with the registrant until the supervising appraiser determines the registrant trainee is competent, in accordance with the competency rule of USPAP.
 - (C) The registrant is permitted to have more than one (1) supervising appraiser, but a supervising appraiser may not supervise more than three (3) registrants at one (1) time.
 - (D) The registrant and a supervising appraiser shall notify the commission of a newly created supervisory relationship and submit an affidavit from the supervising appraiser acknowledging the supervisory relationship prior to the registrant performing appraisal services under the supervising appraiser. A registrant shall not receive credit for appraisal experience under a certified appraiser unless the registrant has first notified the commission of the certified appraiser's name and license number. Within ten (10) days of the termination of a supervisory relationship, the registrant and the supervising appraiser shall notify the commission that the supervisory relationship has been terminated.
 - (E) The registrant and each supervising appraiser shall maintain an appraisal log. This appraisal log may be maintained jointly, but each shall be individually responsible to assure the completion and availability of the appraisal log regardless of the agreement or practice of the registrant and the supervising appraiser regarding its maintenance. Separate appraisal logs shall be maintained for each supervising appraiser. The registrant and the supervising appraiser shall provide a copy of the appraisal log to the commission upon request. At a minimum, the appraisal log shall include the information required by 20 CSR 2245-2.050 and the following:
 - 1. Description of work performed by the trainee and scope of the review and supervision of the supervising appraiser;
 - 2. Number of actual work hours by the trainee on the assignment; and
 - 3. The name and state certification number of the supervising appraiser.
 - (F) The Missouri certification of the supervising appraiser shall be in good standing and not subject to revocation or suspension within the last two (2) years. "Subject to revocation or suspension within the last two (2) years" shall mean that any term of revocation or suspension shall be terminated more than two (2) years prior to a licensee serving as supervising appraiser. Anyone subject to probation cannot supervise trainees during the probationary period, unless otherwise ordered by the commission.
 - (G) A non-licensee will be given credit for appraisal experience accrued prior to July 1, 2008, and which was accrued without the non-licensee having been registered as a trainee real estate appraiser until June 30, 2010. After June 30, 2010, all appraisal experience credit earned by a non-licensee prior to being registered as a trainee real estate appraiser shall be forfeited. For the purpose of this rule, "non-licensee" shall mean any person who is not state licensed or certified.

AUTHORITY: section 339.509(8), RSMo 2000.* Original rule filed Nov. 21, 2006, effective July 30, 2007.

*Original authority: